

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

7001 0320 0004 5579 9855

OFFICIAL USE	
FIFRA-07-2004-0041	
Postage	DEC 11 2003
Certified Fee	Postmark Here
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent To	Mr. Raymond Kastendieck
Street, Apt. No., or PO Box No.	Registered Agent for
City, State, ZIP+4	FRM Chem, Inc.
	a.k.a. Industrial Specialties
	Highway 47 South
	P.O. Box 207
	Washington, MO 63090

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>X R.E. Kastendieck</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>R.E. KASTENDIECK</i> C. Date of Delivery <i>12-17-03</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Mr. Raymond Kastendieck Registered Agent for FRM Chem, Inc. a.k.a. Industrial Specialties Highway 47 South P.O. Box 207 Washington, MO 63090</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7001 0320 0004 5579 9855</p>	<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>